PTO/SB/05 (05-03)

Approved for use through 04/30/2003. OMB 0651-0032

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UTILITY				Attorney Docket No.			QT-0001					
PATENT APPLICATION			F	First Inventor Simon Delag			n Delag	grave	orave			
TRANSMITTAL			7	itle	Methods of Preparing Improved Agents by Coevolution							
(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))				Express Mail Label No. ER 435399425 US								
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.				Commissioner for Patents  ADDRESS TO:  Mail Stop Patent Application P.O. Box 1450  Alexandria VA 22313-1450								
	ee Transmittal Form (e.g., P		7. CD-ROM or CD-R in duplicate, large table or									
2. A A S S S S S S S S S S S S S S S S S	] 1	Computer Program (Appendix)  8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)  a.										
	or a computer program listing app Background of the Invention	enux		ACCOMPANYING APPLICATIONS PARTS								
<ul> <li>Brief Summary of the Invention</li> <li>Brief Description of the Drawings ( if filed)</li> <li>Detailed Description</li> <li>Claim(s)</li> </ul>					9. Assignment Papers (cover sheet & document(s)) 10. 37 C.F.R. 3.73(b) Statement Power of (when there is an assignee) Attorney							
- Abstract of the Disclosure				11	English Translation Document (if applicable)							
4. Drawing(s) (35 U.S.C.113) [Total Sheets 4 ] 5. Oath or Declaration [Total Sheets 2 ]					12. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations							
	Newly executed (original or	· ·	-		13. ☐ Preliminary Amendment  14. ☒ Return Receipt Postcard (MPEP 503)							
b. 🗀	Copy from a prior application		4	(Should be specifically itémized)								
(for a continuation/divisional with Box 18 completed) <ol> <li>i. □ DELETION OF INVENTOR(S)</li> </ol>				15. Certified Copy of Priority Document(s) (if foreign priority is claimed)								
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).				16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.								
6. Application Data Sheet. See 37 CFR 1.76				17.  Other:								
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment,												
or in an Application Data Sheet under 37 CFR 1.76:												
☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: / Prior application information: Examiner Art Unit:												
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.												
	·	19. CORRE	SPO	NDEN	ICE AD	DRESS						
Customer Number or Bar Code Label				or 🛛 Correspondence address below								
Name	Simon Delagrave											
Address	709 Spencer Rd.											
City	Avondale	State			PA Zio			p Code	19311			
Country	USA	Telephone		610	10-268-5478			Fax				
Name (Print/Type) Christine A. Goddard, Ph.D. Registration No. (Attorne						tomey		46,731				
Signature	11. 1	- : 10 21	10	1 /				Date	9-8-03			

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Complete if Known

PTO/SB/17 (08-03)
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	<b>~ !</b>	Application Number				NA					
for FY 2003		Filing Date			NIA						
Effective 01/01/2003. Patent fees are subject to annual revis	sion.	First Named Inventor			or Sim	imon Delagrave					
Applicant claims small entity status. See 37 CFR 1.27		Examiner Name N/									
		Art Unit N/				+					
TOTAL AMOUNT OF PAYMENT (\$) 855		Attorney Docket No. QT-C				0001					
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)									
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Deposit Account	105	2 50	2052		Surcharge - late over sheet	charge - late provisional filing fee or					
Name The Director is authorized to: (check all that apply)	105	3 130	1053			English specification					
Charge fee(s) indicated below Credit any overpaymen	s 181	2 2,520	1812 2	2,520 F	or filing a requ	ling a request for ex parte reexamination					
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1. BASIC FILING FEE	125	2 410	2252	205 l	Extension for n	eply within se	cond month				
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1001 750 2001 375 Utility filing fee 375	125	5 1,970	2255	985	Extension for re	eply within fif	th month				
1002 330 2002 165 Design filing fee	140	1 320	2401	160	Notice of Appe	al					
1003 520 2003 260 Plant filing fee	140		2402		Filing a brief in	• •	n appeal				
1004 750 2004 375 Reissue filing fee	1403		2403		Request for ora			<b>  </b>			
1005 160 2005 80 Provisional filing fee	# I	1 1,510	1451		Petition to instit						
subtotal (1) (\$) 375	145	-	2452		Petition to reviv						
2. EXTRA CLAIM FEES FOR UTILITY AND REISSI	151	3 1,300 1 1,300	2453 2501		Petition to reviv		onal				
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Total Claims   SD -20** = 30 x 9 = 270		- 1	2503		Plant issue fee						
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1202 18 2202 9 Claims in excess of 20	1809	9 750	2809		property (times Filing a submis						
1201 84 2201 42 Independent claims in excess of 3				(	(37 CFR 1.129	(a))					
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1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	180	1802 900 1802 900 Request for expedited examination of a design application									
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SUBTOTAL (2) (\$) 480 "or number previously paid, if greater, For Reissues, see above		*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)						0			
SUBMITTED BY											
Name (PrintType) Christine A. Goddard	7	Registra		116	,731	(Complete (if applicable)) Telephone					
Signature Chustine a. Moddard		(Attorney/	Agent)	170	,,,,,		9-0-02				
mulle Mer you all	1					Date	9-8-03				

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